

5ED401 - A04/03

US EPA RECORDS CENTER REGION 5



487789

NFA-444
5/11/88

no haz
substance

SITE DESCRIPTION/EXECUTIVE SUMMARY

Site Name and Location

GMC Corporation
3044 W. Grand Boulevard
Detroit, Michigan 48202

County: Wayne
Michigan Code Number: 82-01S-12E-31BD
DNR District: Detroit
EPA ID Number: MID005356613

SAS Score/Screen No.: None

General Motors Corporation is the world headquarters for the corporation. There was concern that an eleven year old treatment lagoon with no liner was a source of possible contamination. The site has been the headquarters since 1908, and it is quite unlikely that a lagoon exists at this site. Attempts to find the lagoon have been unsuccessful, and it is likely that another division of GMC has been confused with the world headquarters. There was no information in either U.S. EPA or Michigan Department of Natural Resources files which gives evidence for there having been a release of hazardous substances at this facility.

Recommendations for EPA

This site receives a no further action priority for inspection.

RECEIVED

DEC 28 1987

Program
Support Section

Pre-HRS Score:

Projected HRS Score:

SI Priority: No further action

Hours Spent: $\frac{1}{12/7/87} + \frac{1}{12/12/87} + \frac{5.0}{12/14/87} + \frac{\quad}{\quad} + \frac{\quad}{\quad} = 7.0$

Initial & Date: $\frac{\quad}{12/7/87} + \frac{\quad}{12/12/87} + \frac{\quad}{12/14/87} + \frac{\quad}{\quad} + \frac{\quad}{\quad}$

Date of Previous Summary:

Previous Author:

CP Current Date: 12/11/87
Author: C. Pugh/K. Belfon

Site Assessment Unit
Environmental Response Division
Michigan Dept. of Natural Resources

00964 TW



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
26 #17-00935613

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) GMC Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 3044 W. Grand Blvd				
03 CITY Detroit		04 STATE MI	05 ZIP CODE 48202	06 COUNTY Wayne	07 COUNTY CODE 163	08 CONG DIST 13
09 COORDINATES LATITUDE 42° 15' 0"		LONGITUDE 83° 00' 00"		Detroit 0.4 miles S.E.		
10 DIRECTIONS TO SITE (Starting from nearest public road) Travel on I-65 to I-66 and then come to Detroit						

III. RESPONSIBLE PARTIES

01 OWNER (if known) GMC Corporation		02 STREET (Business, mailing, residential) 3044 W. Grand Blvd				
03 CITY Detroit		04 STATE MI	05 ZIP CODE 48202	06 TELEPHONE NUMBER (313) 556-2030		
07 OPERATOR (if known and different from owner) John Smith		08 STREET (Business, mailing, residential) 3044 W. Grand Blvd				
09 CITY Detroit		10 STATE MI	11 ZIP CODE 48202	12 TELEPHONE NUMBER (313) 556-2030		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: <input type="checkbox"/> G. UNKNOWN						

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)
☐ A. RCRA 3001 DATE RECEIVED: MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103) DATE RECEIVED: MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: CONTRACTOR NAME(S):				
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1908 ENDING YEAR UNKNOWN				
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Pneumatics						
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION NONE						

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one, if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT T. Pitts, I		02 OF (Agency/Organization) MDNR - Detroit District Office			03 TELEPHONE NUMBER 1313 344-4440	
04 PERSON RESPONSIBLE FOR ASSESSMENT C. Rugh / K. Belfon, SAU		05 AGENCY MDNR	06 ORGANIZATION ERD	07 TELEPHONE NUMBER 1313 373-4500	08 DATE 12 16 87 MONTH DAY YEAR	



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION

7

SITE NUMBER

MI000010017

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

GENERAL MOTORS CORP.

B. STREET

3044 W. Grand Blvd.

C. CITY

Detroit

D. STATE

Michigan

E. ZIP CODE

48202

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED		X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME

Irene P. Alexakos

2. TELEPHONE NUMBER

(312) 886-6138

3. DATE (mo., day, & yr.).

9/8/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

V

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>General Motors Corp</i>		B. STREET (or other identifier) <i>3044 W Grand Blvd.</i>	
C. CITY <i>Detroit</i>	D. STATE <i>MI</i>	E. ZIP CODE <i>48202</i>	F. COUNTY NAME <i>Wayne</i>
G. OWNER/OPERATOR (if known) 1. NAME <i>(same)</i>		2. TELEPHONE NUMBER	

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION
Waste treatment impoundment

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>surface impoundment assessment</i>	K. DATE IDENTIFIED (mo., day, & yr.) <i>6/9/80</i>
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L. PRINCIPAL STATE CONTACT 1. NAME <i>none</i>	2. TELEPHONE NUMBER
--	---------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☒ 2. IMMEDIATE SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR: _____

b. WILL BE PERFORMED BY: _____

☒ 3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR: _____

b. WILL BE PERFORMED BY: _____

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION 1. NAME <i>Kathleen Hammer</i>	2. TELEPHONE NUMBER <i>(312) 886-6144</i>	3. DATE (mo., day, & yr.) <i>6/9/80</i>
--	--	--

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): _____
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO *?* ☐ 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres) <i>?</i>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
--	--

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify): *?*

III. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
				X	9. OTHER (specify):		
					seepage		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Waste (seepage) treatment impoundment for phenols

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
X (1) PAINT, PIGMENTS		X (1) OILY WASTES		X (1) HALOGENATED SOLVENTS		X (1) ACIDS		X (1) FLYASH		X (1) LABORATORY PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):	
						(6) CYANIDE		(6) OTHER (specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

phenols

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

Unknown

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION

SITE NUMBER



MT-000010017

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I. SITE IDENTIFICATION

A. SITE NAME

General Motors Corp

B. STREET

3044 W. Grand Blvd

C. CITY

Detroit

D. STATE

Michigan

E. ZIP CODE

48202

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION

MARK 'X'

ACTION AGENCY

EPA

STATE

LOCAL

PRIVATE

A. NO ACTION NEEDED

B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE
(If yes, complete Section III.)

C. REMEDIAL ACTION (If yes, complete Section IV.)

D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME

S. Rogers

2. TELEPHONE NUMBER

886-6714

3. DATE (mo., day, & yr.).

9/3/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION

B. ESTIMATED COST

C. REMARKS

\$

\$

\$

\$

\$

\$

\$

\$

D. TOTAL ESTIMATED COST

\$

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$